Application for Project Lifesaver Band

Name of Applicant			
Address			
	Township		
Phone (home)	(cell)	•	
Email			
Birth date (mm/dd/yyyy)		male	female
Person Responsible for Applic	cant		
Relationship to Applicant		·	
Address			
City	State	ZIP	
Phone (home)			
(work)			
Èmail			
Diagnosis	Date of Diagnosis		
Diagnosed by(doctor)		_	
(facility)			
Description of Wandering His	tory (Include d	lates if known	and if law
enforcement was notified. Add pages as needed):			

Submit Application to:

Lisa Etheridge 108 E. North Street Friendship, WI 53934 letheridge@co.adams.wi.us or Carol Johnson 569 N. Cedar St. #4 Adams, WI 53910 cjohnson@co.adams.wi.us

or

Sheriff Renner 101 N Main St Friendship, WI 53934